

LOBBYING SUPPLEMENTAL REGISTRATION FORM
To be used for changes to registrations and terminations.



Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY

Postmark Date: 05/14/04

TERM

1040703

1. NAME Woods Rod
Last First MI

2. BUSINESS PHONE (618) 236-8763

3. BUSINESS ADDRESS 2423 Pro Tour Drive Belleville Illinois 62220
Street and No. City State Zip

MAILING ADDRESS 2423 Pro Tour Drive Belleville Illinois 62220
Street and No. City State Zip

4. EMPLOYER MedImmune, Inc.

5. EMPLOYER'S ADDRESS 35 West Watkins Mills Road Gaithersburg Maryland 20878
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes ☒ No ☐

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name MedImmune, Inc.

Address 35 West Watkins Mills Road, Gaithersburg, Maryland 20878

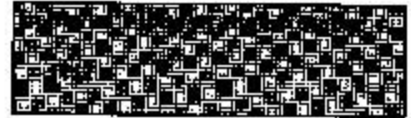
Business or purpose Pharmaceutical manufacturer

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of May 12, 2004

SUPPLEMENTAL REGISTRATION FORM



2. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

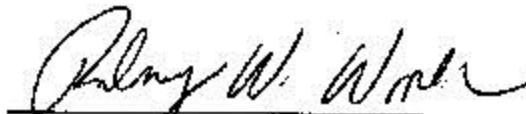
☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist